



CONNECTICUT REPUBLICANS

RECEIVED
FEDERAL ELECTION
COMMISSION

2011 JUL -5 AM 10:47

OFFICE OF GENERAL
COUNSEL

June 20, 2011

Office of General Counsel

Federal Election Commission

999 E Street, N.W.

Washington D.C. 20463

MUR #

6480

Dear Sirs:

I am filing a complaint today on behalf of the Connecticut Republican State Central Committee regarding the CT Working Families Party Federal PAC/DBA Taking Back Congress.

Enclosed you will find two campaign finance reports from the CT Working Families Campaign Committee.

In the report filed for January 10, 2011 there are three expenditures as follows:

November 26, 2010 - \$7335.99 Check 1393

November 26, 2010 - \$5057.57 Check 1394

December 16, 2010 - \$4556.85 - Check 1395

In the report files for April 5, 2011 there two expenditures as follows:

January 9, 2011 - \$3805.77 Check 1398

February 17, 2011 - \$2528.78 Check 1405

The Working Families Campaign Committee is a registered party committee under Connecticut State law. They are a minor party in Connecticut and this committee acts as their State Central Committee. This complaint is being filed due to my understanding that under federal election law the federal campaign committee must be the same name as the state committee.

I contend that a contribution from a state party committee to a federal political action committee (PAC) is illegal under federal law.

321 Ellis Street • Bldg 17 Unit 501 • New Britain, CT 06051

Telephone: (860) 826-7378 • Fax: (860) 826-2742 • Website: www.ctgop.org

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In addition, according to the reports listed on the FEC website the above mentioned contributions to the CT Working Families Federal PAC from the Working Families Campaign Committee are not listed as income on any of their reports.

Please feel free to contact me with any additional questions.

Sincerely



Christopher C. Healy

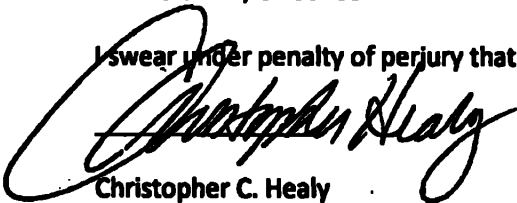
State Party Chairman

Connecticut Republicans

27 Dorchester Road

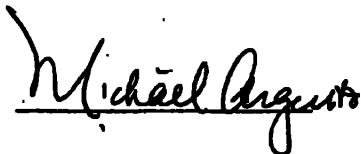
Wethersfield, CT 06109

I swear under penalty of perjury that the details contained above are to the best of my knowledge.



Christopher C. Healy

Signed and sworn to before me this 20TH day of June, 2011 at New Britain CT:



MICHAEL ARGENTO
NOTARY PUBLIC
MY COMMISSION EXPIRES AUG 31 2012

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Exhibit A

SEEC FORM 2

PARTY COMMITTEE REGISTRATION
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 3/07
Page 1 of 2



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REGISTRATION TYPE

- ☐ INITIAL
☒ AMENDED

1. NAME OF COMMITTEE Working Families Campaign Committee				2. ACRONYM			
3. COMMITTEE ADDRESS Address 30 Arbor St # 210				City Hartford		State CT	Zip Code 06106
4. COMMITTEE E-MAIL ADDRESS				5. COMMITTEE WEB SITE ADDRESS www.ct.workingfamilies.org			
6. CHAIRPERSON NAME							
Prefix	First Brian		MI A	Last Petronella		Suffix	
7. CHAIRPERSON RESIDENCE ADDRESS Street Address 21 Linden St Unit 18				8. CHAIRPERSON MAILING ADDRESS (if different) Address 290 Post Rd W			
City Norwalk		State CT	Zip Code 06851	City Westport		State CT	Zip Code 06881
9. CHAIRPERSON TELEPHONE (Include Area Code) (208) 226 — 4751				10. CHAIRPERSON E-MAIL ADDRESS ufcwooffice@aol.com			
11. TREASURER NAME							
Prefix	First Mary		MI	Last Rydingsward		Suffix	
12. TREASURER RESIDENCE ADDRESS Street Address 176 Marcia Dr				13. TREASURER MAILING ADDRESS (if different) Address			
City Bristol		State CT	Zip Code 06010	City		State	Zip Code
14. TREASURER TELEPHONE (Include Area Code) (860) 670 — 4761				15. TREASURER E-MAIL ADDRESS ryderryder@comcast.net			
16. DEPUTY TREASURER-1 NAME							
Prefix	First		MI	Last		Suffix	
17. DEPUTY TREASURER-1 RESIDENCE ADDRESS Street Address				18. DEPUTY TREASURER-1 MAILING ADDRESS Address			
City		State	Zip Code	City		State	Zip Code
19. DEPUTY TREASURER-1 TELEPHONE () —				20. DEPUTY TREASURER-1 E-MAIL ADDRESS			

Notice: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

SEEC FORM 2

PARTY COMMITTEE REGISTRATION

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 3/07

Page 2 of 2



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REGISTRATION TYPE

☐ INITIAL

☒ AMENDED

NAME OF COMMITTEE

Working Families Campaign Committee

21. ALTERNATE DEPUTY TREASURER NAME (STATE CENTRAL COMMITTEES ONLY)

Prefix	First	MI	Last	Suffix
--------	-------	----	------	--------

22. ALTERNATE DEPUTY TREASURER RESIDENCE ADDRESS

Street Address			Address		
City	State	Zip Code	City	State	Zip Code

24. ALTERNATE DEPUTY TREASURER TELEPHONE

() -

25. ALTERNATE DEPUTY TREASURER E-MAIL ADDRESS

--

26. DEPOSITORY INSTITUTION NAME

Bank of America

27. DEPOSITORY INSTITUTION ADDRESS

Address	City	State	Zip Code
550 Farmington Avenue, Hartford, CT 06105			

28. SUBTYPE OF COMMITTEE

<input type="checkbox"/> Town Committee	<input checked="" type="checkbox"/> State Central Committee	<input type="checkbox"/> Republican	<input type="checkbox"/> Democratic	<input checked="" type="checkbox"/> Other Working Families
---	---	-------------------------------------	-------------------------------------	--

29. STATEMENT OF ACCEPTANCE AND CERTIFICATION

I hereby certify and state, under penalties of false statement, that all of the designations set forth in this party committee registration statement are true and accurate to the best of my knowledge and belief, and further, that this statement included as my certification to the fact that any individual designated herein to serve as the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.

Brian A. Petronella

02/01/2010

CHAIRPERSON (SIGNATURE)

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this party committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

Mary Rydingsward

02/11/2010

TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the chairperson's designated deputy treasurer of this party committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become responsible for discharging all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

DEPUTY TREASURER (SIGNATURE)

DATE (mm/dd/yyyy)

I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated alternate deputy treasurer of this statewide party committee, and I understand and accept that, in the event of a vacancy caused by the treasurer's death, incapacity or resignation, I shall automatically become jointly and severally responsible with the state party's other deputy treasurer for discharging all of the duties required of the vacating treasurer. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures.

ALTERNATE DEPUTY TREASURER (SIGNATURE)
(STATE CENTRAL COMMITTEES ONLY)

DATE (mm/dd/yyyy)

Notes: Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

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Exhibit "B"

HAND DELIVERED SEEC

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08

2010 JAN 12 P 4: 29



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Page 1 of 17

SUMMARY PAGE

1. NAME OF COMMITTEE Working Families Campaign Committee				
2. TREASURER NAME				
Title	First	MI	Last	Suffix
Ms	Mary		Rydingsward	
3. TREASURER ADDRESS				
Street Address		City	State	Zip Code
176 Marcia Drive		Bristol	CT	06010
4. ELECTION/REFERENDUM DATE (mm/dd/yyyy)		5. OFFICE SOUGHT (Complete only if Candidate Committee)		6. DISTRICT NUMBER (if applicable)
11/04/2009				
7. CANDIDATE NAME (Complete only if Candidate or Exploratory Committee)				
Title	First	MI	Last	Suffix
8. TYPE OF REPORT (Check One Box)				
<input checked="" type="checkbox"/> January 10 filing	<input type="checkbox"/> 7th day preceding primary	<input type="checkbox"/> 7th day preceding referendum	<input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY)	
<input type="checkbox"/> April 10 filing	<input type="checkbox"/> 30 days following primary	<input type="checkbox"/> 45 days following referendum	<input type="checkbox"/> Amendment to	
<input type="checkbox"/> July 10 filing	<input type="checkbox"/> 7th day preceding election	<input type="checkbox"/> Deficit	Type of Report:	
<input type="checkbox"/> October 10 filing	<input type="checkbox"/> 12th day preceding election (State Central Committee Only)	<input type="checkbox"/> Termination		
<input type="checkbox"/> Independent Expenditure <input type="checkbox"/> Primary <input type="checkbox"/> Election	<input type="checkbox"/> 45 days following election not held in November			
9. PERIOD COVERED				
Beginning Date		Ending Date		
10/16/2009		thru 12/31/2009		
10. CERTIFICATION				
I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.				
		Mary Rydingsward		01/11/2010
TREASURER OR DEPUTY TREASURER (SIGNATURE)		PRINT NAME OF SIGNER		DATE (mm/dd/yyyy)
PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.				

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SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 10/08

Page 2 of 17

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE	
	01/11/2010	
Working Families Campaign Committee	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for Ongoing and Party Committees OR Balance on hand from day Committee was formed for all other committees		\$3,626.83
12. Balance on hand at the beginning of Reporting Period	\$2,781.45	
13. Contributions received from Individuals (Sections A and B)	\$2,895.00	\$3,045.00
14. Receipts from Other Committees (Sections C1 and C2)	\$26,723.86	\$51,973.86
15. Other Monetary Receipts (Sections D-K)	\$0.00	\$0.00
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	\$0.00	\$0.00
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	\$0.00	\$0.00
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	\$0.00	\$0.00
17. Total Monetary Receipts (add totals for lines 13-16c)	\$29,618.66	\$55,018.66
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$32,400.11	\$58,645.49
19. Expenses Paid by Committee (Section P)	\$31,450.25	\$57,355.83
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$949.86	\$1,289.66
21. In-Kind Donations not Considered Contributions Received (Section L4)	\$0.00	\$0.00
22. In-Kind Contributions Received (Section M)	\$0.00	\$0.00
23. Refundable Deposit to Telephone Company (Section N)	\$0.00	\$0.00
24. Receipts of Organization Expenditures (Section O)	\$0.00	\$0.00
25. Beginning Loan Balance	\$0.00	\$0.00
25a. + Loans Received (Section D)	\$0.00	\$0.00
25b. + Interest and Penalties on Loan	\$0.00	\$0.00
25c. - Payments on Loan	\$0.00	\$0.00
25d. Total Outstanding Loan Amount	\$0.00	\$0.00
26. Campaign Expenses Paid by Candidate (Section Q)	\$0.00	\$0.00
27. Expenses Incurred on Committee Credit Card (Section R)	\$0.00	\$0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	\$1,877.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	\$1,877.00	

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I. MONETARY RECEIPTS (Sections A-K)						Page 3 of 17
NAME OF COMMITTEE Working Families Campaign Committee					FILING DUE DATE 01/11/2010	
A. Total Contributions from Small Contributors Received this Period ONLY (See instructions for definition of Small Contributor)					Subtotal Section A: \$ 150.00	
B. Itemized Contributions from Individuals						
Last Name Strahinich		First Daniel		MI J	Principal Occupation Union representative	
Residential Street Address 930 West Boulevard		City Hartford	State CT	Zip Code 06105	Name of Employer New England 1109	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 11/08/2009	Aggregate contributions \$0.00	
Last Name David		First Kenneth		MI	Principal Occupation retired	
Residential Street Address 657 Heritage Vlg # A		City Southbury	State CT	Zip Code	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 11/08/2009	Aggregate contributions \$0.00	
Last Name Pla		First David		MI	Principal Occupation	
Residential Street Address		City	State CT	Zip Code	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 11/08/2009	Aggregate contributions \$0.00	
Last Name Marychris		First Nancy		MI A	Principal Occupation Professor	
Residential Street Address 59 Woodchuck Hill Road		City Simsbury	State CT	Zip Code 06070	Name of Employer UConn	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 11/12/2009	Aggregate contributions \$0.00	
SUBTOTAL Section B-This Page						\$685.00
TOTAL of additional Section B Pages						\$2,060.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A & B) (Enter total on Line 13 of Summary Page)						\$2,895.00

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I. MONETARY RECEIPTS

Section B. Additional Page

NAME OF COMMITTEE					FILING DUE DATE	
Working Families Committee					01/11/2010	
B. Itemized Contributions from Individuals						
Last Name Petit		First Urania		MI	Principal Occupation Government	
Residential Street Address 273 Oxford Street		City Hartford	State CT	Zip Code 06105	Name of Employer City of Hartford	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 10/20/2009	Aggregate contributions \$0.00	
\$1,000.00						
Last Name Schweitzer		First Chris		MI	Principal Occupation Non-profit	
Residential Street Address 203 Rosette Street		City New Haven	State CT	Zip Code 06519	Name of Employer Leon Sister City Project	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 11/17/2009	Aggregate contributions \$0.00	
\$200.00						
Last Name Farrell		First Margaret		MI	Principal Occupation Attorney	
Residential Street Address 27 Jenny's Lane		City Basington	State RI	Zip Code 02806	Name of Employer Hinkley, Allen and & Snyder	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 11/20/2009	Aggregate contributions \$0.00	
\$100.00						
Last Name Hartwell		First John		MI	Principal Occupation Consultant	
Residential Street Address 35 Beachside Avenue		City Westport	State CT	Zip Code 06880	Name of Employer Self-Employed	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 11/29/2009	Aggregate contributions \$0.00	
\$100.00						
Last Name Marcuso		First Frances		MI	Principal Occupation retired	
Residential Street Address 140 Greenwood Ave.		City Waterbury	State CT	Zip Code 06704	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Executive <input checked="" type="checkbox"/> Legislative				
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 11/20/2009	Aggregate contributions \$0.00	
\$50.00						
SUBTOTAL Section B-This Page						\$1,450.00
Page _____ of _____						

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I. MONETARY RECEIPTS **Section B. Additional Page**

NAME OF COMMITTEE Working Families Campaign Committee					FILED DUE DATE 01/11/2010	
B. Itemized Contributions from Individuals						
Last Name Russell		First James		MI	Principal Occupation Professor	
Residential Street Address 97 Browns Rd.		City Storrs	State CT	Zip Code 06250	Name of Employer ECSU	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 12/17/2009		Aggregate contributions \$0.00
						Amount of Contribution \$150.00
Last Name Dees		First Kenneth		MI	Principal Occupation retired	
Residential Street Address 657 Heritage Vlg # A		City Southbury	State CT	Zip Code	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 12/17/2009		Aggregate contributions \$250.00
						Amount of Contribution \$25.00
Last Name Wintersfield		First Michael		MI	Principal Occupation retired	
Residential Street Address 555 Mountain Road		City West Hartford	State CT	Zip Code 06117	Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 12/17/2009		Aggregate contributions \$0.00
						Amount of Contribution \$50.00
Last Name Rosenblatt		First Leon		MI M	Principal Occupation Attorney	
Residential Street Address 286 Steele Rd		City West Hartford	State CT	Zip Code 06117	Name of Employer Law Offices of Leon M. Rosenbl	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 12/17/2009		Aggregate contributions \$0.00
						Amount of Contribution \$100.00
Last Name Mills		First Jamie		MI	Principal Occupation Attorney	
Residential Street Address 10 Columbus Blvd.		City Hartford	State CT	Zip Code	Name of Employer Law Offices of Jamie L. Mills	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative				
Method of contribution: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received		Aggregate contributions \$0.00
						Amount of Contribution \$100.00
SUBTOTAL Section B-This Page						\$375.00
Page _____ of _____						

I. MONETARY RECEIPTS**Section B. Additional Page**

NAME OF COMMITTEE						FILING DUE DATE	
Working Families Campaign Committee						01/11/2010	
B. Itemized Contributions from Individuals							
Last Name Deed		First Kenneth		MI 	Principal Occupation Retired		Amount of Contribution \$150.00
Residential Street Address 657 Heritage Vlg # A		City Southbury	State CT	Zip Code 	Name of Employer 		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # 		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 11/20/2009		Aggregate contributions \$175.00			
Last Name Cotto		First Robert		MI 	Principal Occupation Teacher		Amount of Contribution \$50.00
Residential Street Address 12 Park Terrace Apt 2		City Merford	State CT	Zip Code 06186	Name of Employer CREC		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # 		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 		Aggregate contributions \$0.00			
Last Name Vita		First David		MI 	Principal Occupation Director of Social Justice		Amount of Contribution \$85.00
Residential Street Address 62 Vineyard Lane		City Stamford	State CT	Zip Code 06902	Name of Employer Unitarian Church in Westport		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Is this contribution associated with a fundraising event listed in Section L1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # 		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Method of contribution: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 12/04/2009		Aggregate contributions \$0.00			
SUBTOTAL Section B-This Page							\$235.00
Page _____ of _____							

I. MONETARY RECEIPTS. (Sections A-K)

Page 4 of 17

NAME OF COMMITTEE Working Families Campaign Commitee	FILING DUE DATE 1/11/2010
--	-------------------------------------

C1. Contributions from Other Committees

Name of Committee SEIU Local 328J CT PAC	Name of Treasurer Hector Figueroa
Address 101 Ave of the Americas 18th Fl.	Is this contribution associated with a fundraising event listed in Section I.1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input checked="" type="checkbox"/> No
City New York	State NY
Zip Code 10013	Date Received 10/16/2009
Aggregate Contributions \$5,000.00	

Name of Committee	Name of Treasurer
Address	Is this contribution associated with a fundraising event listed in Section I.1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No
City	State
Zip Code	Date Received
Aggregate Contributions	

Name of Committee	Name of Treasurer
Address	Is this contribution associated with a fundraising event listed in Section I.1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No
City	State
Zip Code	Date Received
Aggregate Contributions	

Name of Committee	Name of Treasurer
Address	Is this contribution associated with a fundraising event listed in Section I.1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No
City	State
Zip Code	Date Received
Aggregate Contributions	

Name of Committee	Name of Treasurer
Address	Is this contribution associated with a fundraising event listed in Section I.1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No
City	State
Zip Code	Date Received
Aggregate Contributions	

Name of Committee	Name of Treasurer
Address	Is this contribution associated with a fundraising event listed in Section I.1? <input type="checkbox"/> Yes <i>If yes, list Event #</i> <input type="checkbox"/> No
City	State
Zip Code	Date Received
Aggregate Contributions	

C2. Reimbursements, Payments, or Surplus Distributions from other Committees

Name of Committee Committee to elect Souda E. Bunka	Name of Treasurer Denise Holley
Address 85 Pine Point Dr.	Date Received 10/21/2009
City Bridgeport	State CT
Zip Code 06606	Amount of Receipt 3,750.00
<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Payment for goods and services	

Name of Committee Maria Pereira for BOE '09	Name of Treasurer Frances Callahan
Address 643 Park Ave.	Date Received 10/20/2009
City Bridgeport	State CT
Zip Code 06604	Amount of Receipt 5,400.00
<input type="checkbox"/> Reimbursement for shared expense <input type="checkbox"/> Surplus Distribution <input checked="" type="checkbox"/> Payment for goods and services	

SUBTOTAL Section C-This Page

14,150.00

TOTAL - Additional Section C Pages

TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on LINE IV of Statement Form)

13044334498

IV. EXPENDITURES **Section P. Additional Page**

NAME OF COMMITTEE Working Families Campaign Committee					FILING DUE DATE 01/11/2010	
P. Expenses Paid by Committee						
Name of Payee Bank of America				Date of Payment 10/30/2009		Amount \$ 10.00
Street Address		City	State CT	Zip Code	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) BNK		Description Monthly check enclosure fee (Oct, Nov) \$5./mo.			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) CA B C C D D E		Candidate(s) Name (if applicable) Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed				
Name of Payee Bank of America				Date of Payment 11/09/2009		Amount \$ 30.00
Street Address		City	State CT	Zip Code	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) BNK		Description Stop payment fee ck.#1129			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) CA B B C C D D E		Candidate(s) Name (if applicable) Office Sought <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed				
Name of Payee Click n Pledge				Date of Payment 11/20/2009		Amount \$ 48.63
Street Address		City	State CT	Zip Code	Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) WEB		Description Fees for on-line donation service			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) CA B B C C D D E		Candidate(s) Name (if applicable) Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed				
Name of Payee				Date of Payment		Amount \$ 0.00
Street Address		City	State CT	Zip Code	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) CA B B C C D D E		Candidate(s) Name (if applicable) Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed				
Name of Payee				Date of Payment		Amount \$ 0.00
Street Address		City	State CT	Zip Code	Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code)		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) CA B B C C D D E		Candidate(s) Name (if applicable) Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed				
SUBTOTAL Section P-This Page						\$88.63
Page 0 of 0						

I. MONETARY RECEIPTS (Sections A-K)							Page 4 of 17
NAME OF COMMITTEE						FILING DUE DATE	
Working Families Campaign Committee						01/11/2010	
C1: Contributions from Other Committees							
Name of Committee				Name of Treasurer			
AFSCME Council 4 OPC				Salvatore Luciano			
Address			Is this contribution associated with a fundraising event listed in Section I.1?			Amount of Contribution	
444 E. Main Street			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No Event #				
City	State	Zip Code	Date Received	Aggregate Contributions			
New Britain	CT	06051	10/30/2009	\$2,500.00		\$2,500.00	
Name of Committee				Name of Treasurer			
New England Regional Council/Carpenters CT, OPC				John			
Address			Is this contribution associated with a fundraising event listed in Section I.1?			Amount of Contribution	
427 Stillison Road			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No Event #				
City	State	Zip Code	Date Received	Aggregate Contributions			
Fairfield	CT	06824	11/04/2009	\$0.00		\$750.00	
Name of Committee				Name of Treasurer			
Cops for a better CT PAC fund				Margarita Baran			
Address			Is this contribution associated with a fundraising event listed in Section I.1?			Amount of Contribution	
290 Pratt Street			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No Event #				
City	State	Zip Code	Date Received	Aggregate Contributions			
Menden	CT	06450	11/04/2009	\$0.00		\$1,000.00	
Name of Committee				Name of Treasurer			
Willow Cedar PAC				Troy Poynton, Sr.			
Address			Is this contribution associated with a fundraising event listed in Section I.1?			Amount of Contribution	
30 West Main Street, Ste. 12			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No Event #				
City	State	Zip Code	Date Received	Aggregate Contributions			
Waterbury	CT	06702	11/06/2009	\$0.00		\$1,000.00	
Name of Committee				Name of Treasurer			
Waterbury Labor PAC				George Valaitis			
Address			Is this contribution associated with a fundraising event listed in Section I.1?			Amount of Contribution	
PO Box 1027			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No Event #				
City	State	Zip Code	Date Received	Aggregate Contributions			
Waterbury	CT	06721	11/8/2009	\$0.00		\$250.00	
Name of Committee				Name of Treasurer			
Carpenters local 210 OPC				Michael J. Magut			
Address			Is this contribution associated with a fundraising event listed in Section I.1?			Amount of Contribution	
427 Stillison Road			<input type="checkbox"/> Yes If yes, list Event # <input checked="" type="checkbox"/> No Event #				
City	State	Zip Code	Date Received	Aggregate Contributions			
Fairfield	CT	06824	10/29/2009	\$0.00		\$750.00	
C2: Reimbursements, Payments, or Surplus Distributions from other Committees							
Name of Committee				Name of Treasurer			
Robert Cotto for BOE				Viana Turcios			
Address			Date Received			Amount of Receipt	
12 Park Terrace Apt 2			12/17/2009				
City	State	Zip Code	<input checked="" type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services		<input type="checkbox"/> Surplus Distribution		
Hartford	CT	06106			\$3,223.66		
Name of Committee				Name of Treasurer			
Noel for BOE				Temple Shannon			
Address			Date Received			Amount of Receipt	
141 Ridgfield Street			12/17/2009				
City	State	Zip Code	<input type="checkbox"/> Reimbursement for shared expense <input checked="" type="checkbox"/> Payment for goods and services		<input type="checkbox"/> Surplus Distribution		
Hartford	CT	06112			\$3,100.00		
SUBTOTAL Section C-This Page						\$12,573.66	
TOTAL of additional Section C Pages						\$14,150.00	
TOTAL OF ALL COMMITTEE CONTRIBUTIONS AND RECEIPTS (Enter total on Line 14 of Summary Page)						\$26,723.66	

I. MONETARY RECEIPTS (Sections A-K)										Page 5 of 17
NAME OF COMMITTEE Working Families Campaign Committee								FILING DUE DATE 01/11/2010		
D. Loans Received this Period										
Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan?		Amount Received		
Street Address		City	State	Zip Code	<input type="checkbox"/> Bank <input type="checkbox"/> Candidate	<input type="checkbox"/> Yes if per last name and address of Cosigner (Guarantor) <input type="checkbox"/> No				
			CT							
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee						
Street Address		City	State	Zip Code	Date of Receipt					
			CT						\$0.00	
E. Receipts from Entities other than Individuals or Other Committees (Referendum Committees ONLY)										
Name of Entity								Amount Received		
Street Address				Date Received						
City		State	Zip Code	Aggregate Contributions						
		CT		\$0.00				\$0.00		
F. Amount Transferred from Affiliated Business Treasury (Business Entity Committees ONLY)										
Date of Receipt		Amount		Date of Receipt		Amount		Total Transfers		
		\$0.00				\$0.00				
Is this transaction associated with a fundraising event listed in Section L1?				Is this transaction associated with a fundraising event listed in Section L1?						
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				\$0.00		
G. Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Organization Committees ONLY)										
Date of Receipt		Amount		Date of Receipt		Amount		Total Transfers		
		\$0.00				\$0.00				
H. Personal Funds of the Candidate Received this Period (Candidate Committees ONLY)										
Date of Receipt		Method of payment:		Date of Receipt		Method of payment:		Total Amount Received		
		<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card				<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card				
Amount		\$0.00		Amount		\$0.00		\$0.00		
Total Section D \$ 0.00										
Total Section E \$ 0.00										
Total Section F \$ 0.00										
Total Section G \$ 0.00										
Total Section H \$ 0.00										

I. MONETARY RECEIPTS (Sections A-K)										Page 6 of 17
NAME OF COMMITTEE Working Families Campaign Committee							FILING DUE DATE 01/11/2010			
I. Anonymous Contributions (Specify dollar amount of the bills received)										
Date Received		Amount \$0.00		Date Received		Amount \$0.00		Total Amount Received \$ 0.00		
\$1 bills \$0.00		\$5 bills \$0.00		\$1 bills \$0.00		\$5 bills \$0.00				
coins \$0.00		\$10 bill \$0.00		coins \$0.00		\$10 bill \$0.00				
J. Interest from Deposits in Authorized Accounts										
Date Received		Amount \$0.00		Date Received		Amount \$0.00		Total Amount Received \$ 0.00		
Name of Institution				Name of Institution						
Street Address				Street Address						
City		State CT	Zip Code	City		State CT	Zip Code			
K. Miscellaneous Monetary Receipts not Considered Contributions										
Name						Date of Transaction		Amount Received \$ 0.00		
Street Address				City		State CT	Zip Code			
Description										
Name						Date of Transaction		Amount Received \$ 0.00		
Street Address				City		State CT	Zip Code			
Description										
Name						Date of Transaction		Amount Received \$ 0.00		
Street Address				City		State CT	Zip Code			
Description										
Total Section K										\$ 0.00
Summary of Other Monetary Receipts (Sections D-K)										
Total Loans Received this Period (Section D)										0.00
Total Receipts from Entities other than Individuals or Other Committees (Section E)										0.00
Total Amount Transferred from Affiliated Business Treasury (Section F)										0.00
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)										0.00
Total Amount of Personal Funds of the Candidate Received this Period (Section H)										0.00
Total Amount of Anonymous Contributions (Section I)										0.00
Total Amount of Interest from Deposits in Authorized Accounts (Section J)										0.00
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)										0.00
Total of Other Monetary Receipts (Add Sections D-K) (Enter total on Line 15 of Summary Page)										0.00

II. FUNDRAISING EVENT ACTIVITY							Page 7 of 17
NAME OF COMMITTEE Working Families Campaign Committee					FILING DUE DATE 01/11/2010		
L1. Fundraiser Event Information							
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State CT	Zip Code	
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No </div>							
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No </div>							
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L3 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) <input type="checkbox"/> No </div>							
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY) Were there purchases of advertising space in a program book associated with this fundraiser? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) <input type="checkbox"/> No </div>							
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, enter Total Receipts from small purchases here.) \$ 0.00 <input type="checkbox"/> No </div>							
Fundraising Event # Date of Fundraiser	Letter	Description	Location: Street Address	City	State CT	Zip Code	
Subpart 1: (All Committees) Was this fundraising event hosted at a personal residence? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.) <input type="checkbox"/> No </div>							
Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.) <input type="checkbox"/> No </div>							
Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L3 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.) <input type="checkbox"/> No </div>							
Subpart 2: (Town Committees and Municipal Candidate Committees ONLY) Were there purchases of advertising space in a program book associated with this fundraiser? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.) <input type="checkbox"/> No </div>							
Subpart 3: (Town Committees ONLY) Did your committee sell food or beverage at a fair or similar mass gathering held within the state? <div style="float: right;"> <input type="checkbox"/> Yes (If yes, enter Total Receipts from small purchases here.) \$ 0.00 <input type="checkbox"/> No </div>							
SUBTOTAL Section L1 (Town Committees ONLY) Total Receipts-This Page						\$0.00	
TOTAL of additional Section L1 Pages						+ \$0.00	
TOTAL OF ALL RECEIPTS FROM SECTION L1 (Enter total on Line 16a of Summary Page)						\$0.00	

13044334503

II. FUNDRAISING EVENT ACTIVITY										Page 8 of 17
NAME OF COMMITTEE Working Families Campaign Committee								FILING DUE DATE 01/11/2010		
L2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items										
Name of Purchaser Last Name (Individuals (INL))			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City		State	Zip Code		Date Received			
				CT						
Items Purchased									\$0.00	
Name of Purchaser Last Name (Individuals (INL))			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City		State	Zip Code		Date Received			
				CT						
Items Purchased									\$0.00	
Name of Purchaser Last Name (Individuals (INL))			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City		State	Zip Code		Date Received			
				CT						
Items Purchased									\$0.00	
Name of Purchaser Last Name (Individuals (INL))			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City		State	Zip Code		Date Received			
				CT						
Items Purchased									\$0.00	
Name of Purchaser Last Name (Individuals (INL))			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City		State	Zip Code		Date Received			
				CT						
Items Purchased									\$0.00	
Name of Purchaser Last Name (Individuals (INL))			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City		State	Zip Code		Date Received			
				CT						
Items Purchased									\$0.00	
Name of Purchaser Last Name (Individuals (INL))			First		MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases	
Residential Street Address		City		State	Zip Code		Date Received			
				CT						
Items Purchased									\$0.00	
SUBTOTAL Section L2-This Page									\$0.00	
TOTAL of additional Section L2 Pages									\$0.00	
TOTAL OF ALL SMALL PURCHASES FROM TAG SALES, AUCTIONS OR OTHER SALES OF DONATED ITEMS (Enter total on Line 16b of Summary Page)									\$0.00	

II. FUNDRAISING EVENT ACTIVITY

Page 9 of 17

NAME OF COMMITTEE	FILING DUE DATE
Working Families Campaign Committee	6/1/1/2010

L3. Purchases of Advertising in a Program Book (Municipal Candidate and Town Committees ONLY)

Name of Purchaser	Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
<div style="display: flex; justify-content: space-between;"> <div>Street Address</div> <div>City</div> <div>State</div> <div>Zip Code</div> </div> <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>		Event #	\$0.00	\$0.00
SUBTOTAL Section L3-This Page				\$0.00
TOTAL of additional Section L3 Pages				\$0.00
TOTAL OF ALL PURCHASES OF ADVERTISING IN A PROGRAM BOOK (Enter total on Line 16c of Summary Page)				\$0.00

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II. FUNDRAISING EVENT ACTIVITY						Page 10 of 17
NAME OF COMMITTEE Working Families Campaign Committee					FILING DUE DATE 01/11/2010	
L4. In-Kind Donations Not Considered Contributions						
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation \$0.00	
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation			Date Received	Event #		
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation \$0.00	
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation			Date Received	Event #		
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation \$0.00	
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation			Date Received	Event #		
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation \$0.00	
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation			Date Received	Event #		
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation \$0.00	
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation			Date Received	Event #		
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation \$0.00	
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation			Date Received	Event #		
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation \$0.00	
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation			Date Received	Event #		
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation \$0.00	
Street Address	City	State CT	Zip Code	Aggregate value for this event \$0.00		
Description of donation			Date Received	Event #		
SUBTOTAL Section L4-This Page					\$0.00	
TOTAL of additional Section L4 Pages					\$0.00	
TOTAL OF ALL IN-KIND DONATIONS NOT CONSIDERED CONTRIBUTIONS (Enter total on Line 21 of Summary Page)					\$0.00	

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III. NONMONETARY RECEIPTS										Page 11 of 17
NAME OF COMMITTEE Working Families Campaign Committee								FILING DUE DATE 01/11/2010		
M. In-Kind Contributions										
Name				Type of Contributor:				Fair Market Value of this Contribution		
Street Address				<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)						
City		State CT		Zip Code						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						
				<input type="checkbox"/> Yes <input type="checkbox"/> No						
Date Received		Is this contribution associated with a fundraising event listed in Section L1?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution		Aggregate contributions		
		If yes, list Event #						\$0.00		
\$0.00										
Name				Type of Contributor:				Fair Market Value of this Contribution		
Street Address				<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)						
City		State CT		Zip Code						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						
				<input type="checkbox"/> Yes <input type="checkbox"/> No						
Date Received		Is this contribution associated with a fundraising event listed in Section L1?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution		Aggregate contributions		
		If yes, list Event #						\$0.00		
\$0.00										
Name				Type of Contributor:				Fair Market Value of this Contribution		
Street Address				<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)						
City		State CT		Zip Code						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						
				<input type="checkbox"/> Yes <input type="checkbox"/> No						
Date Received		Is this contribution associated with a fundraising event listed in Section L1?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution		Aggregate contributions		
		If yes, list Event #						\$0.00		
\$0.00										
Name				Type of Contributor:				Fair Market Value of this Contribution		
Street Address				<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)						
City		State CT		Zip Code						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?						
				<input type="checkbox"/> Yes <input type="checkbox"/> No						
Date Received		Is this contribution associated with a fundraising event listed in Section L1?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Description of In-Kind Contribution		Aggregate contributions		
		If yes, list Event #						\$0.00		
\$0.00										
SUBTOTAL Section M-This Page								\$0.00		
TOTAL of additional Section M Pages								\$0.00		
TOTAL OF ALL IN-KIND CONTRIBUTIONS (Enter total on Line 22 of Summary Page)								\$0.00		
N. Refundable Deposit to Telephone Company										
(NOTE: This section refers only to advances of deposits by individuals from personal funds to benefit the committee, not deposits made by the committee.)										
Last Name of Individual			First		MI		Date Deposit Made		Amount of Deposit	
Residential Street Address			City		State CT		Zip Code			
Name of telephone company										
Street Address			City		State CT		Zip Code			
									\$0.00	
Total Section N (Enter total on Line 23 of Summary Page)									\$0.00	

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III. NONMONETARY RECEIPTS

Page 12 of 17

NAME OF COMMITTEE				FILING DUE DATE	
Working Families Campaign Committee				01/11/2010	
O. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committees					
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees (ONLY))			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			A B C D E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees (ONLY))			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			A B C D E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees (ONLY))			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			A B C D E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees (ONLY))			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			A B C D E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees (ONLY))			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			A B C D E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees (ONLY))			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			A B C D E		
Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees (ONLY))			Name of Treasurer		
Street Address			Date Notice Received		Fair Market Value of Donation
City	State	Zip Code	Aggregate Donations		
	CT		\$0.00		
Description of Donation			Purpose of Expenditure (see instructions)		\$0.00
			A B C D E		
Total Section O (Enter total on Line 24 of Summary Page)					\$0.00

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IV. EXPENDITURES							Page 13 of 17
NAME OF COMMITTEE					FILING DUE DATE		
Working Families Campaign Committee					01/11/2010		
P. Expenses Paid by Committee							
Name of Payee Local Color Ventures				Date of Payment 10/16/2009		Method of Payment	
Street Address 12 Massaco Street		City Simsbury	State CT	Zip Code 06070	<input checked="" type="checkbox"/> Check # 1242		Amount \$ 1,594.00
Purpose of Expenditure (by code) PRINT		Description			<input type="checkbox"/> Debit Card		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable) Noel, Cotto, Stahlings			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed Supported		
Name of Payee USPS Postmaster				Date of Payment 10/16/2009		Method of Payment	
Street Address Weston Street		City Hartford	State CT	Zip Code	<input checked="" type="checkbox"/> Check # 1243		Amount \$ 420.58
Purpose of Expenditure (by code) POST		Description			<input type="checkbox"/> Debit Card		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable) Noel, Cotto, Stahlings			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Name of Payee Amy Donovan				Date of Payment 10/16/2009		Method of Payment	
Street Address		City	State CT	Zip Code	<input checked="" type="checkbox"/> Check # 1244		Amount \$ 108.45
Purpose of Expenditure (by code) TRV		Description Mileage reimbursement, personal vehicle			<input type="checkbox"/> Debit Card		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable) Tim O'Brien			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Name of Payee Citizen Services, Inc.				Date of Payment 10/20/2009		Method of Payment	
Street Address 30 Arbor Street		City Hartford	State CT	Zip Code 06108	<input checked="" type="checkbox"/> Check # 1245		Amount \$ 900.00
Purpose of Expenditure (by code) CNSLT		Description			<input type="checkbox"/> Debit Card		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable) Tim O'Brien			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed Supported		
Name of Payee Citizen Services, Inc.				Date of Payment 10/20/2009		Method of Payment	
Street Address 30 Arbor Street		City Hartford	State CT	Zip Code 06108	<input checked="" type="checkbox"/> Check # 1246		Amount \$ 4,800.00
Purpose of Expenditure (by code) CNSLT		Description			<input type="checkbox"/> Debit Card		
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable) Maria Pereira			Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed Supported		
		Saude Saraka			Supported		
SUBTOTAL Section P-This Page							\$7,623.03
TOTAL of additional Section P Pages							\$23,827.22
TOTAL OF ALL EXPENSES PAID BY COMMITTEE (Enter total on Line 19 of Summary Page)							\$31,450.25

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE Working Families Campaign Committee	FILING DUE DATE 01/11/2010
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P. Expenses Paid by Committee

Name of Payee USPS Postmaster				Date of Payment 10/23/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1247 <input type="checkbox"/> Debit Card	Amount
Street Address Weston Street	City Hartford	State CT	Zip Code			
Purpose of Expenditure (by code) POST		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) Baraka Pereira		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Supported Supported	\$ 533.20

Name of Payee USPS Postmaster				Date of Payment 10/27/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1248 <input type="checkbox"/> Debit Card	Amount
Street Address Weston Street	City Hartford	State CT	Zip Code			
Purpose of Expenditure (by code) POST		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) Noel, Cotto, Stahlings		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Supported Supported	\$ 420.58

Name of Payee USPS Postmaster				Date of Payment 10/28/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1249 <input type="checkbox"/> Debit Card	Amount
Street Address Weston Street	City Hartford	State CT	Zip Code			
Purpose of Expenditure (by code) POST		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) Baraka Pereira		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Supported Supported	\$ 360.23

Name of Payee USPS Postmaster				Date of Payment 10/28/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1250 <input type="checkbox"/> Debit Card	Amount
Street Address Weston Street	City Hartford	State CT	Zip Code			
Purpose of Expenditure (by code) POST		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) Noel, Cotto, Stahlings		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Supported Supported	\$ 449.14

Name of Payee USPS Postmaster				Date of Payment 10/29/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1251 <input type="checkbox"/> Debit Card	Amount
Street Address Weston Street	City Hartford	State CT	Zip Code			
Purpose of Expenditure (by code) POST		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions) A B C D E		Candidate(s) Name (if applicable) Tim O'Brien and slate		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Supported Supported	\$ 323.84

SUBTOTAL Section P-This Page **\$2,086.99**

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IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE	FILING DUE DATE
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Working Families Campaign Committee	01/11/2010
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Working Families Campaign Committee	01/11/2010
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Working Families Campaign Committee	01/11/2010
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P. Expenses Paid by Committee	
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Name of Payee Local Color Ventures				Date of Payment	Method of Payment	Amount
Street Address 12 Massaco Street	City Simsbury	State CT	Zip Code 06070	10/29/2009	<input checked="" type="checkbox"/> Check # 1252 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) PRNT		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable) Baraka, Pereira			Office Sought Supported	
						\$ 965.00
Name of Payee Local Color Ventures				Date of Payment	Method of Payment	Amount
Street Address 12 Massaco Street	City Simsbury	State CT	Zip Code 06070	10/29/2009	<input checked="" type="checkbox"/> Check # 1253 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) PRNT		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable) Noel, Cotto, Stahlings			Office Sought Supported	
						\$ 1,084.00
Name of Payee Local Color Ventures				Date of Payment	Method of Payment	Amount
Street Address 12 Massaco Street	City Simsbury	State CT	Zip Code 06070	10/29/2009	<input checked="" type="checkbox"/> Check # 1254 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) PRNT		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable) Noel, Cotto, Stahlings			Office Sought Supported	
						\$ 880.00
Name of Payee Local Color Ventures				Date of Payment	Method of Payment	Amount
Street Address 12 Massaco Street	City Simsbury	State CT	Zip Code 06070	10/29/2009	<input checked="" type="checkbox"/> Check # 1255 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) PRNT		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable) Baraka, Pereira			Office Sought Supported	
						\$ 825.00
Name of Payee Local Color Ventures				Date of Payment	Method of Payment	Amount
Street Address 12 Massaco Street	City Simsbury	State CT	Zip Code 06070	10/29/2009	<input checked="" type="checkbox"/> Check # 1256 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) PRNT		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable) Tim O'Brien and slate			Office Sought Supported	
						\$ 1,040.00
SUBTOTAL Section P-This Page						\$4,794.00
Page 0 of 0						

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IV. EXPENDITURES **Section P. Additional Page**

NAME OF COMMITTEE					FILING DUE DATE	
Working Families Campaign Committee					01/11/2010	
P. Expenses Paid by Committee						
Name of Payee Terrence Williams				Date of Payment	Method of Payment	Amount
Street Address 1810 Stratford Ave.		City Bridgeport	State CT	Zip Code 06607	10/30/2009	<input checked="" type="checkbox"/> Check # 1257 <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions)		Candidate(s) Name (if applicable) Pereira, Banaña		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 75.00
Name of Payee Tracy Carouthers				Date of Payment	Method of Payment	Amount
Street Address 535 Gregory Street		City Bridgeport	State CT	Zip Code	11/02/2009	<input checked="" type="checkbox"/> Check # 1258 <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions)		Candidate(s) Name (if applicable) Pereira		Office Sought <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 100.00
Name of Payee Shannon Eckes				Date of Payment	Method of Payment	Amount
Street Address 166 West Liberty Street		City Bridgeport	State CT	Zip Code	11/02/2009	<input checked="" type="checkbox"/> Check # 1260 <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions)		Candidate(s) Name (if applicable) Pereira		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 100.00
Name of Payee Lorraine Eckes				Date of Payment	Method of Payment	Amount
Street Address 166 West Liberty Street		City Bridgeport	State CT	Zip Code	11/02/2009	<input checked="" type="checkbox"/> Check # 1261 <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions)		Candidate(s) Name (if applicable) Pereira		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 100.00
Name of Payee Michael Rivera				Date of Payment	Method of Payment	Amount
Street Address 2669 Main Street		City Bridgeport	State CT	Zip Code	11/02/2009	<input checked="" type="checkbox"/> Check # 1262 <input type="checkbox"/> Debit Card
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions)		Candidate(s) Name (if applicable) Pereira		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$ 100.00
SUBTOTAL Section P-This Page						\$475.00
Page 0 of 0						

13044334512

IV. EXPENDITURES **Section P. Additional Page**

NAME OF COMMITTEE Working Families Campaign Committee					FILING DUE DATE 01/11/2010	
P. Expenses Paid by Committee						
Name of Payee George Mintz				Date of Payment 11/02/2009		Method of Payment <input checked="" type="checkbox"/> Check # 1263 <input type="checkbox"/> Debit Card
Street Address 86 Ridgebrook Drive		City Bridgeport	State	Zip Code		Amount \$ 100.00
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Pereira Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed				
Name of Payee Jean Dufrene				Date of Payment 11/02/2009		Method of Payment <input checked="" type="checkbox"/> Check # 1284 <input type="checkbox"/> Debit Card
Street Address 231 Linwood Ave.		City Bridgeport	State CT	Zip Code		Amount \$ 100.00
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Pereira Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed				
Name of Payee Joshua Bernard				Date of Payment 11/02/2009		Method of Payment <input checked="" type="checkbox"/> Check # 1285 <input type="checkbox"/> Debit Card
Street Address 2100 Park Ave.		City Bridgeport	State CT	Zip Code		Amount \$ 100.00
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Pereira Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed				
Name of Payee Odis Hart				Date of Payment 11/02/2009		Method of Payment <input checked="" type="checkbox"/> Check # 1287 <input type="checkbox"/> Debit Card
Street Address 87 Clark Street		City West Haven	State CT	Zip Code		Amount \$ 100.00
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Pereira Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed				
Name of Payee Vanessa Williams				Date of Payment 11/02/2009		Method of Payment <input checked="" type="checkbox"/> Check # 1288 <input type="checkbox"/> Debit Card
Street Address 262 Thorne Street		City Bridgeport	State CT	Zip Code		Amount \$ 100.00
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable) Pereira Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed				
SUBTOTAL Section P-This Page						\$500.00
Page 0 of 0						

IV. EXPENDITURES
Section P. Additional Page

NAME OF COMMITTEE Working Families Campaign Committee	FILING DUE DATE 01/11/2010
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P. Expenses Paid by Committee

Name of Payee Avis Mendez				Date of Payment 11/02/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1269 <input type="checkbox"/> Debit Card	Amount \$ 100.00
Street Address 469 Gregory Street		City Bridgeport	State	Zip Code	Event #	
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Office Sought Periera			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee Michael Christian				Date of Payment 11/02/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1270 <input type="checkbox"/> Debit Card	Amount \$ 100.00
Street Address 50 Wood Avenue		City Bridgeport	State CT	Zip Code	Event #	
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Office Sought Periera			<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee Kendra Green				Date of Payment 11/02/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1271 <input type="checkbox"/> Debit Card	Amount \$ 100.00
Street Address 552 Atlantic Street		City Bridgeport	State CT	Zip Code	Event #	
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Office Sought Periera			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee Rusequell Johnson				Date of Payment 11/04/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1272 <input type="checkbox"/> Debit Card	Amount \$ 100.00
Street Address 139 Sherman Street		City Bridgeport	State CT	Zip Code	Event #	
Purpose of Expenditure (by code) Wage		Description			Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable) Office Sought Periera			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee Olimpus Services, Inc.				Date of Payment 11/09/2009	Method of Payment <input checked="" type="checkbox"/> Check # 1275 <input type="checkbox"/> Debit Card	Amount \$ 2,000.00
Street Address 30 Arbor Street		City Hartford	State CT	Zip Code 06106	Event #	
Purpose of Expenditure (by code) CNSLT		Description			Event #	
Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable) Office Sought Baraka, Pereira			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed Supported	
SUBTOTAL Section P-This Page						\$2,400.00

13044334513

13044334514

IV. EXPENDITURES									
Section P. Additional Page									
NAME OF COMMITTEE						FILING DUE DATE			
Working Families Campaign Committee						01/11/2010			
P. Expenses Paid by Committee									
Name of Payee Citizens Services, Inc.					Date of Payment		Method of Payment		Amount
Street Address 30 Arbor Street		City Hartford		State CT	Zip Code 06106	11/09/2009		<input checked="" type="checkbox"/> Check # 1276 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) CNSLT		Description				Event #			
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable) Noel, Cotto, Rahlings				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 7,700.00
Name of Payee Jerry's Pizza					Date of Payment		Method of Payment		Amount
Street Address 635 South Main Street		City Middletown		State CT	Zip Code	11/18/2009		<input checked="" type="checkbox"/> Check # 1278 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) FOOD		Description				Event #			
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable)				Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 57.60
Name of Payee Citizens Services, Inc.					Date of Payment		Method of Payment		Amount
Street Address 30 Arbor Street		City Hartford		State CT	Zip Code 06106	11/19/2009		<input checked="" type="checkbox"/> Check # 1279 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) CNSLT		Description				Event #			
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable)				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 3,225.00
Name of Payee Citizens Services, Inc.					Date of Payment		Method of Payment		Amount
Street Address 30 Arbor Street		City Hartford		State CT	Zip Code 06106	12/03/2009		<input checked="" type="checkbox"/> Check # 1280 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) CNSLT		Description				Event #			
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable)				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1,500.00
Name of Payee Citizens Services, Inc.					Date of Payment		Method of Payment		Amount
Street Address 30 Arbor Street		City Hartford		State CT	Zip Code 06106	12/17/2009		<input checked="" type="checkbox"/> Check # 1281 <input type="checkbox"/> Debit Card	
Purpose of Expenditure (by code) CNSLT		Description				Event #			
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see instructions) A B C D E		Candidate(s) Name (if applicable)				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 1,000.00
SUBTOTAL Section P-This Page									\$12,482.60
Page 0 of 0									

13044334515

IV. EXPENDITURES

Section P. Additional Page

NAME OF COMMITTEE					FILING DUE DATE		
Working Families Campaign Committee					01/11/2010		
P. Expenses Paid by Committee							
Name of Payee Bank of America				Date of Payment 10/30/2009		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount
Street Address		City	State	Zip Code			
Purpose of Expenditure (by code) BNK		Description Monthly check enclosure fee (Oct, Nov) \$5/mo.				Event #	\$ 10.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
GA CB CC CD CE							
Name of Payee Bank of America				Date of Payment 11/09/2009		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount
Street Address		City	State CT	Zip Code			
Purpose of Expenditure (by code) BNK		Description Stop payment fee ck.#1129				Event #	\$ 30.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sought		<input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed	
GA CB CC CD CE							
Name of Payee Click n Pledge				Date of Payment 11/20/2009		Method of Payment <input type="checkbox"/> Check # <input checked="" type="checkbox"/> Debit Card	Amount
Street Address		City	State CT	Zip Code			
Purpose of Expenditure (by code) WEB		Description Fees for on-line donation service				Event #	\$ 48.63
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input checked="" type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
GA CB CC CD CE							
Name of Payee				Date of Payment		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount
Street Address		City	State CT	Zip Code			
Purpose of Expenditure (by code)		Description				Event #	\$ 0.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
GA CB CC CD CE							
Name of Payee				Date of Payment		Method of Payment <input type="checkbox"/> Check # <input type="checkbox"/> Debit Card	Amount
Street Address		City	State CT	Zip Code			
Purpose of Expenditure (by code)		Description				Event #	\$ 0.00
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
GA CB CC CD CE							
SUBTOTAL Section P-This Page							\$88.63
Page 0 of 0							

13044334516

IV. EXPENDITURES							Page 14 of 17
NAME OF COMMITTEE					FILING DUE DATE		
Working Families Campaign Committee					01/11/2010		
Q. Campaign Expenses Paid by Candidate							
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$3.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
Name of Payee (Name of Vendor who candidate paid directly)				Date of Payment	Is Reimbursement Claimed?		Amount
Street Address	City	State	Zip Code		<input type="checkbox"/> Yes <input type="checkbox"/> No		\$0.00
Purpose of Expenditure (by code)		Description			Event #		
SUBTOTAL Section Q-This Page							\$0.00
TOTAL of additional Section Q Pages							\$0.00
TOTAL OF ALL EXPENSES PAID BY CANDIDATE (Enter total on Line 26 of Summary Page)							\$0.00

13044334517

IV. EXPENDITURES						Page 15 of 17
NAME OF COMMITTEE					FILING DUE DATE	
Working Families Campaign Committee					01/11/2010	
R. Expenses Incurred on Committee Credit Card						
Name of Issuing Institution				Type of Credit Card:		
				<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Other _____		
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	\$0.00
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	\$0.00
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	\$0.00
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	\$0.00
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	\$0.00
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	\$0.00
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	\$0.00
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	\$0.00
Name of Vendor				Date of Transaction		Amount
Street Address		City	State CT	Zip Code		
Purpose of Expenditure (by code)		Description			Event #	\$0.00
SUBTOTAL Section R-This Page					\$0.00	
TOTAL of additional Section R Pages					\$0.00	
TOTAL OF ALL EXPENSES INCURRED ON COMMITTEE CREDIT CARD (Enter total on Line 27 of Summary Page)					\$0.00	

NAME OF COMMITTEE

FILING DUE DATE

Working Families Campaign Committee

01/11/2010

S. Expenses Incurred by Committee but Not Paid During this Period

Name of Creditor Total Graphic Solutions			Date Incurred 10/28/2009		Amount Incurred (Estimate or Actual) \$742.00
Street Address 111 Brookside Road			Event #		
City New Britain	State CT	Zip Code 06052	Candidate(s) Name (if applicable) Baraka, Periera		
Purpose of Expenditure (by code) PRNT	Type of Expenditure (if applicable): <input checked="" type="checkbox"/> Coordinated with reimbursement sought <input checked="" type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions)		Noel, Cotto, Stallings <input checked="" type="checkbox"/> Supported <input type="checkbox"/> Opposed		
Description Palm cards					

Name of Creditor Citizens Services, Inc			Date Incurred 11/19/2009		Amount Incurred (Estimate or Actual)
Street Address 30 Arbor Street			Event #		
City Hartford		State CT	Zip Code 06106	Candidate(s) Name (if applicable) Noel, Cotto, Stallings	
Purpose of Expenditure (by code) CNSLT	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) A B C C D E			<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Description					\$1,135.00

Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City		State	Zip Code	Candidate(s) Name (if applicable)		
		CT		Office Sought		
Purpose of Expenditure (by code)		Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions)		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed		\$0.00
Description		<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E				

Name of Creditor			Date Incurred	Amount Incurred (Estimate or Actual)
Street Address			Event #	
City	State CT	Zip Code	Candidate(s) Name (if applicable)	Office Sought
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions)		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$0.00
Description	RA CB CC CD DE SA LB LC LD LE			

SUBTOTAL Section 5-This Page

\$1,877.00

TOTAL of additional Section 8 Pages

\$0.00

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE DURING THIS PERIOD BUT NOT PAID
(Enter total on Line 28 of Summary Page)

\$1,877.00

Previously reported Expenses Unpaid and still Outstanding

\$0.00

TOTAL OF ALL EXPENSES INCURRED BY COMMITTEE BUT NOT PAID (Enter total on Line 28a of Summary Page)

\$1,877.00

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13044334519

IV. EXPENDITURES						Page 17 of 17
NAME OF COMMITTEE					FILING DUE DATE	
Working Families Campaign Committee					01/11/2010	
T. Itemization of Reimbursements to Committee Workers and Consultants						
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure (by code)	<input checked="" type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) CA DB EC D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 0.00
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) CA DB EC D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 0.00
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) CA DB EC D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 0.00
Last Name of Worker/Consultant		First	MI	Date of Payment	Method of Payment	Amount
Secondary Payee			Purpose of Expenditure (by code)	<input type="checkbox"/> Check # <input type="checkbox"/> Debit Card		
Street Address		City		State	Zip Code	
				CT		
Description						
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) CA DB EC D E		Candidate(s) Name (if applicable)		Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	\$ 0.00
SUBTOTAL Section T-This Page						\$ 0.00
TOTAL of additional Section T Pages						\$ 0.00
TOTAL OF ALL REIMBURSEMENTS TO COMMITTEE WORKERS AND CONSULTANTS						\$ 0.00

CODED PURPOSES FOR EXPENDITURES (For use with Sections P, Q, R, S, & T of the SEEC Form 20)

(Note: Asterisk * adjacent to the left of an Expenditure Code indicates that Description Field is Mandatory)

(Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the manual/guide applicable to their type of committee.)

Advertising - Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for *both* the development *and* the delivery of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, *not* as Professional Consultant (CONSULT), which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed below, use A-OTH for the cost of developing the message and then use the appropriate code for the payments associated with the several delivery methods used. Note: The one exception to this advertising rule is when advertising content includes, as part of the message, an invitation to individuals to attend a fundraising event in person for a contribution or membership fee. Fundraising event advertising must be coded FNDRE (see explanation below) irrespective of the advertising delivery method.

A-DM-expenditure to advertise through direct mail.

A-MAG-expenditure to advertise through a magazine.

A-NEWS-expenditure to advertise through a newspaper.

A-ATM-expenditure to advertise using an automated telephone/fax message, or an automated telemarketing message.

A-PH-BNK-expenditure for the use of phone banks, where people are speaking as distinguished from pre-recorded messages (above) and polls and surveys (below).

A-RAD-expenditure to advertise on radio.

A-SIGN-expenditure for the cost of preparing, printing, producing or distributing lawn or billboard signs visible from any street or highway.

A-TV-expenditure to advertise on television.

A-WEB-expenditure to advertise on the World Wide Web. This includes Webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. See WEB for other web related expenditures.

A-OTH-any expenditure for any other advertising, not listed above, like the cost of (a) posters, stickers, streamers, banners, etc. for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in all books, in schools or civic organizations' pamphlets or bulletins, or (e) ad books for fundraising events held by other committees.

*ATT-expenditure for attendance fee or entrance fee for any person to a (1) fundraiser held by any committee; (2) an inaugural event of any candidate; (3) a charitable event; (4) an educational course or training seminar, etc. In the text box of the Description Field, which is mandatory under this expenditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

BNK-expenditure to record any payment of BANK fees, interest charges, or penalties assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Sec. R of the Form 20, entitled "Expenses Incurred on Committee Credit Card".

CCP-expenditure to record any payment of the Credit Card Bill, including partial payments, finance charges, and mid-cycle payments. See Sec. R of the Form 20, entitled "Expenses Incurred on Committee Credit Card", to record account charges made against the credit card number, including any finance charges.

CEF-expenditure to record any payment to the State of Connecticut's Citizens Election Fund ("CEF"). Checks should be made payable to the Citizens' Election Fund and sent to the State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106. This expenditure code does not apply to the SDPLS (Surplus Distribution) expenditure code explained below.

CHAR-expenditure for a payment of committee funds to a tax-exempt charitable organization (26 U.S. Code 501(c)(3)).

CONSULT-expenditures to a professional consultant. Professional consultants are individuals or entities that are paid by the committee as independent contractors for their professional advice. They are not salaried employees and they are not individuals who are serving the committee as volunteers. Examples: management firms, public relations firms, lawyers and accountants, etc. However, for payments to professional consultants who design polls and surveys, or advertising messages, use the more specific code (ex. A-DM, A-UTER, POLLS). If the payment to a professional consultant includes costs paid or incurred to some other vendor, following completion of the entry of this expenditure, go immediately to Section T, "Identification of Contributions to Committee Workers and Consultants," and follow the instructions for recording of Secondary Payments.

CONTRB-expenditures that are contributions to another committee. The expenditure of a committee's funds to make a contribution to another committee is to be distinguished from an expenditure of committee funds to pay the other committee (POC) for shared expenses or fair market value of goods or services provided to the committee by another committee acting as a vendor. See explanation of POC below.

*EFV-expenditures for equipment, furniture, and vehicles. Record only the portion of the cost that is actually paid. Cost includes any costs associated with the delivery or installation of the item. Equipment includes computers, printers, phones, etc. The text box of the Description Field, which is mandatory in this situation, must list the item, and whether the expenditure is a purchase, rental or lease. Note: Vehicles may only be leased and may not be purchased.

FOOD-expenditures paid directly to a vendor for food and beverage, except if the vendor is paid for these items in connection with the committee's own sponsored fundraiser (see FNDRE below) or the committee's own sponsored inaugural event (see INAUG below.)

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CODED PURPOSES FOR EXPENDITURES
(For use with Sections P, Q, R, S, & T of the SEEC Form 20)

(Note: Asterisk * adjacent to the left of an Expenditure Code indicates that Description Field is Mandatory)

(Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurers must read the committee guide applicable to their type of committee.)

***FNDR** - expenditures associated with holding a committee fundraising event (i.e. payments to restaurants, hotels, caterers, food and beverage vendors, invitations, entertainers performing at the event, paid speakers, etc.) Advertising content that includes as part of the message invitations to individuals to attend a committee fundraising event in return for a contribution or attendance fee must, however, be coded **FNDR** irrespective of the advertising delivery method. Note: This expenditure category must not include expenditures of the committee's funds for the **ATT** (Attendance fees) of any persons attending any other committee's fundraising event.

***GIFT** - record the purchase of any item that is then given as a gift to any individual or entity. Gifts to committee workers are limited to an aggregate of \$100 per recipient. The text box of the Description Field, which is mandatory in this situation, must identify the item purchased as well as the name and address of the individual or entity who is the recipient of the committee's gift.

INAUG - expenditures relating to the committee's costs for hosting an inaugural event for the committee's own candidate. This code does not include expenditures by the committee for attendance fees of individuals to another committee's inaugural event, which must be coded as **ATT**-Attendance fee (see above).

LOAN - expenditures to record the payment of committee's **LOAN**, whether principal, interest or both. (Note: Any penalties assessed for nonpayment on a loan, if not paid by the payment due date, must be disclosed as additional "Expenses Incurred by Committee but not Paid During This Period" in Sec. S of the Form 20.

OFFCE - expenditures for office supplies such as paper, pens, printer cartridges, etc.

OVHD - expenditures of overhead operating costs, including the cost of renting office space, parking spaces, repairing or servicing office furniture and equipment used in connection with committee activities, related insurance, utility payments for committee headquarters, subscriptions and similar overhead operating expenses.

PETTY - expenditure to replenish the committee's petty cash fund.

POC - expenditures to record a payment to another committee at fair market value for goods, services or other things of value provided by that other committee acting as a vendor or as a reimbursement of a shared expense. Examples: payment for a mail list, contact list or email distribution list prepared and produced by the other committee, or for the cost of the salaries of the other committee's salaried employees who were loaned to the committee, etc. Absent payment to the other committee at fair market value for such benefits received, within 45 days of receipt, the committee would be receiving an In-Kind Contribution from the other committee. (Note: In-Kind contributions do not require an expenditure note because they are receipts of the committee, not expenditures.) The **POC** expenditure code category must be distinguished from expenditures that are coded as **ONTR** (contributions to another committee).

POLLS - expenditures associated with conducting polls and surveys. This category is to be distinguished from **A-PH-BNK** (phone banks) because the information isn't just delivered to the public but opinion is carefully being sought and gathered from the public in some manner to produce a poll or survey result or report. If a professional consultant is both designing and conducting the poll or survey, uses **POLLS** as the expenditure code, not **"CNSLT"** (see above).

POST - expenditures for postage, such as stamps, bulk mail permits, post office boxes and envelopes, United Parcel Service, Federal Express, etc.

PRNT - expenditures associated with the costs of printing, photocopying or reproducing literature, stationery, invitations and the like.

RCW - Expenditures to Reimburse Committee Workers, which may include a candidate. This is when the cost of payment for something provided by the committee is advanced by the committee worker and reimbursement is sought and obtained from the committee's treasurer who authorizes the payment within 45 days of receipt of the paid for item. Note: Absent reimbursement to the committee worker within 45 days of receipt of the paid for item, the committee would be receiving an In-Kind Contribution from the committee worker. After making payment to the worker, repeating this item also requires full repeating of the Secondary Payees appearing on the payment slip of the committee worker. Go immediately to Section T, "Itemization of Reimbursements to Committee Workers and Consultants," and follow the instructions for reporting of Secondary Payees. Further Note: When reimbursing the candidate, report the purchase in Section Q of the Form 20, entitled "Campaign Expenses Paid by the Candidate."

REF - Refunds are expenditures of any committee funds that were deposited into the committee's checking account and then returned to a contributor or any other revenue source for any reason.

SRPLS - expenditures which are surplus distributions in connection with the termination and dissolution of the committee.

TRVL - expenditures for an individual's transportation costs and lodging authorized by the treasurer, such as the cost of gasoline, other transportation fare, and lodging. The cost of entering any event should be coded as **ATT** (Attendance) (see above) and any separate payment for food outside the cost of the attendance fee should be coded as **FOOD**.

WAGE - expenditures for wages and benefits paid to the committee's staff. This is to be distinguished from payments to professional consultants **"CNSLT"** who are independent contractors.

WEB - Expenditures for accessing and having a presence on the WEB. This includes payments to develop or maintain: (a) a committee web site and homepage; (b) an internet provider; (c) a domain name on the internet; (d) payments to a merchant account processor or a payment gateway provider to enable the committee to receive online credit and debit card contributions over the internet; and (e) similar costs relating to use of the internet. This is not to be used for any costs related to advertising on the web - see **A-WEB** above.

***MISC** - expenditures of miscellaneous items that are not listed above. The text box of the Description Field, which is mandatory in this situation, must explain in narrative form, with sufficient clarity, the purpose of this expenditure.

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Exhibit "C"

POSTMARKED APR 5, 2011

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 3/11



SEEC

P 1:34

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Page 1 of 17

COVER PAGE

Working Families Campaign Committee

Title	First	MI	Last	Suffix
	Mary		Rydensward	

Street Address	City	State	Zip Code
176 Marcia Drive	Bristol	CT	06010

(mm/dd/yyyy)	(if applicable)

Title	First	MI	Last	Suffix

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> January 10 filing | <input checked="" type="checkbox"/> 7th day preceding primary | <input type="checkbox"/> 7th day preceding referendum | <input type="checkbox"/> Initial Contribution or Disbursement (PACs ONLY) |
| <input checked="" type="checkbox"/> April 10 filing | <input type="checkbox"/> 30 days following primary | <input type="checkbox"/> 45 days following referendum | <input type="checkbox"/> Amendment to |
| <input type="checkbox"/> July 10 filing | <input type="checkbox"/> 7th day preceding election | <input type="checkbox"/> Deficit | Type of Report: |
| <input type="checkbox"/> October 10 filing | <input checked="" type="checkbox"/> 12th day preceding election (State Central Committee Only) | <input type="checkbox"/> Termination | |
| <input type="checkbox"/> Independent Expenditure
<input type="radio"/> Primary <input type="radio"/> Election | <input type="checkbox"/> 45 days following election not held in November | | |

Beginning Date

Ending Date

1/1/11 thru 3/31/11

I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete.

Mary Rydensward
TREASURER OR DEPUTY TREASURER (SIGNATURE)

PRINT NAME OF SIGNER

04/05/2011
DATE (mm/dd/yyyy)

PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.

13044334522

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement
CONNECTICUT STATE ELECTIONS ENGAGEMENT COMMISSION
Rev. 3/11

Page 2 of 17

SUMMARY PAGE TOTALS

	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party Committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	\$2,892.48	
13. Contributions received from individuals (Sections A and B)	\$1,120.00	\$1,120.00
14. Receipts from Other Committees (Sections C1 and C2)	\$16,500.00	\$16,500.00
15. Other Monetary Receipts (Sections D-K)	Ø	Ø
16a. Total Small Food and Beverage Receipts at Fair (Section L1) <i>Town Committees ONLY</i>	Ø	Ø
16b. Total Proceeds from Small Purchases at Tag Sales, Auctions or Other Sales (Section L2)	Ø	Ø
16c. Total Purchases of Advertising in a Program Book (Section L3) <i>Municipal and Town Committees ONLY</i>	Ø	Ø
17. Total Monetary Receipts (add totals for lines 13-16c)	\$17,620.00	\$17,620.00
18. Subtotals (add totals in line 12 + line 17 in Column A; and in line 11 + 17 in Column B)	\$20,512.48	\$20,512.48
19. Expenses Paid by Committee (Section P)	\$13,581.50	\$13,581.50
20. Balance on hand at close of Reporting Period (Subtract line 19 from line 18 in both Columns)	\$6,930.98	\$6,930.98
21. In-Kind Donations not Considered Contributions Received (Section L4)		
22. In-Kind Contributions Received (Section M)		
23. Refundable Deposit to Telephone Company (Section N)		
24. Receipts of Organization Expenditures (Section O)		
25. Beginning Loan Balance		
25a. + Loans Received (Section D)		
25b. + Interest and Penalties on Loan		
25c. - Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		
27. Expenses Incurred on Committee Credit Card (Section R)		
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)		
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)		

13044334523

I. MONETARY RECEIPTS (Sections A-K)

Page 3 of 17

Last Name Scuto		First Thomas	MI	Principal Occupation
Residential Street Address 93 Soundview Ave.		City Norwalk	State CT	Zip Code 06854
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$40.00
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/7/11		Aggregate contributions \$40.00

Last Name Taffel		First Edward	MI	Principal Occupation
Residential Street Address 135 Hudson Street		City New York	State NY	Zip Code 10013
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$75.00
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/7/11		Aggregate contributions \$75.00

Last Name Deed		First Kenneth	MI	Principal Occupation
Residential Street Address 657 Heritage Village		City Southbury	State CT	Zip Code 06488
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$50.00
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/7/11		Aggregate contributions \$50.00

Last Name Deed		First Kenneth	MI	Principal Occupation
Residential Street Address 657 Heritage Village		City Southbury	State CT	Zip Code 06488
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		

<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Amount of Contribution \$25.00
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative		
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/7/11		Aggregate contributions \$25.00

\$196.00

\$930.00

\$1,126.00

\$1,120

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I. MONETARY RECEIPTS
Section B. Additional Page

Last Name O'Brien						First Dennis		MI		Principal Occupation	
Residential Street Address 120 Bulfinch St.				City Williamstown		State CT		Zip Code 06226		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 1/7/11		Aggregate contributions \$100.00				\$100.00	
Last Name Duro						First Daniel		MI		Principal Occupation	
Residential Street Address 129 Sherwood Dr.				City Eastbury		State CT		Zip Code 06		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 1/7/11		Aggregate contributions \$25.00				\$25.00	
Last Name Cabel - Brett						First Carolyn		MI		Principal Occupation	
Residential Street Address 11 Cobbs Rd.				City West Hartford		State CT		Zip Code 06107		Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 1/7/11		Aggregate contributions \$50.00				\$50.00	
Last Name Livingston						First Daniel		MI		Principal Occupation	
Residential Street Address 191 Waverley				City W. Hartford		State CT		Zip Code 06119		Name of Employer Livingston, Adler, etc.	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						Amount of Contribution			
Is this contribution associated with a fundraising event listed in Section L1? If yes, list Event #		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with:				<input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order				Date Received 1/7/11		Aggregate contributions \$100.00				\$100.00	
										\$275.00	
Page 2 of 4											

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I. MONETARY RECEIPTS
Section B. Additional Page

Last Name Russell		First James	MI	Principal Occupation Professor	
Residential Street Address 97 Browns Rd		City Storrs	State CT	Zip Code 06268	Name of Employer FCSU
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/27/11	Aggregate contributions \$100.00	\$100.00	
Last Name Simon		First Alan	MI	Principal Occupation	
Residential Street Address 66 Wilton Rd		City Windsor	State CT	Zip Code 06095	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/27/11	Aggregate contributions \$50.00	\$50.00	
Last Name Pereira		First Maria	MI	Principal Occupation	
Residential Street Address 570 Bzou St.		City Bridgeport	State CT	Zip Code 06606	Name of Employer Bel Bath & Beyond
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/27/11	Aggregate contributions \$100.00	\$100.00	
Last Name Healey		First Ben	MI	Principal Occupation	
Residential Street Address 42 Avon St.		City New Haven	State CT	Zip Code 06511	Name of Employer
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution
Is this contribution associated with a fundraising event listed in Section L.1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list Event # _____		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative <input type="checkbox"/> No			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/27/11	Aggregate contributions \$75.00	\$75.00	

\$325.00

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I. MONETARY RECEIPTS
Section B. Additional Page

Last Name Poult		First Ann	MI	Principal Occupation Director	
Residential Street Address 45 Iron Ore Hill Rd		City Bridgeville	State CT	Zip Code	Name of Employer Early Childhood Learning Alliance
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution \$25.00
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/7/11		Aggregate contributions \$25.00	
Last Name Hennessy		First John	MI	Principal Occupation Driver	
Residential Street Address 556 Savoy St		City Bridgeport	State CT	Zip Code 06606	Name of Employer FalEx
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution \$100.00
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/7/11		Aggregate contributions \$100.00	
Last Name Marxuse		First Frances	MI	Principal Occupation Retired	
Residential Street Address 140 Greenwood Ave.		City Waterbury	State CT	Zip Code 06704	Name of Employer NM
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution \$105.00
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input checked="" type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 1/7/11		Aggregate contributions \$105.00	
Last Name Terzyak		First Peter	MI	Principal Occupation Nurse/Legislation	
Residential Street Address 150 Melville Dr.		City New Britain	State CT	Zip Code 06053	Name of Employer State of CT
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount of Contribution \$100.00
Is this contribution associated with a fundraising event listed in Section L.1? If yes, list Event #		Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: <input type="checkbox"/> Executive <input type="checkbox"/> Legislative			
Method of contribution: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> Money Order		Date Received 2/7/11		Aggregate contributions \$100.00	
					\$330.00

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L MONETARY RECEIPTS (Sections A-K)

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Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan?		Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate	<input type="checkbox"/> Yes (If yes, list name and address of Cosigner/Guarantor)		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		<input type="checkbox"/> No		Amount Received
Street Address	City	State	Zip Code	Date of Receipt				

Name of Lender				Source of Loan:		Is there a Cosigner or Guarantor of this loan?		Amount Received
Street Address	City	State	Zip Code	<input type="checkbox"/> Bank	<input type="checkbox"/> Candidate	<input type="checkbox"/> Yes (If yes, list name and address of Cosigner/Guarantor)		
Name of Cosigner/Guarantor				<input type="checkbox"/> Individual <input type="checkbox"/> Other Committee		<input type="checkbox"/> No		Amount Received
Street Address	City	State	Zip Code	Date of Receipt				

Name of Entity				Date Received	Amount Received
Street Address	City	State	Zip Code	Aggregate Contributions	

Name of Entity				Date Received	Amount Received
Street Address	City	State	Zip Code	Aggregate Contributions	

Name of Entity				Date Received	Amount Received
Street Address	City	State	Zip Code	Aggregate Contributions	

Date of Receipt		Amount		Date of Receipt		Amount		Total Transfers
Is this transaction associated with a fundraising event listed in Section L1?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		Is this transaction associated with a fundraising event listed in Section L1?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #		

Date of Receipt		Amount		Total Transfers
Date of Receipt		Amount		

Date of Receipt	Method of payment:	Date of Receipt	Method of payment:	Total Amount Received
Amount	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	Amount	<input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card	

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L MONETARY RECEIPTS (Sections A-K)

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Date Received	Amount	Date Received	Amount	Total Amount Received
\$1 bills	\$5 bills	\$1 bills	\$5 bills	
\$10 bill	coins	\$10 bill	coins	

Date Received	Amount	Date Received	Amount	Total Amount Received
Name of Institution		Name of Institution		
Street Address		Street Address		
City	State	City	State	Zip Code

Name	Date of Transaction	Amount Received
Street Address	City	State
Description		

Name	Date of Transaction	Amount Received
Street Address	City	State
Description		

Name	Date of Transaction	Amount Received
Street Address	City	State
Description		

Summary of Other Monetary Receipts (Section K)	
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Total Loans Received this Period (Section D)	
Total Receipts from Entities other than Individuals or Other Committees (Section E)	+
Total Amount Transferred from Affiliated Business Treasury (Section F)	+
Total Amount Transferred from Affiliated Labor Union or Other Organization Treasury (Section G)	+
Total Amount of Personal Funds of the Candidate Received this Period (Section H)	+
Total Amount of Anonymous Contributions (Section I)	+
Total Amount of Interest from Deposits in Authorized Accounts (Section J)	+
Total Miscellaneous Monetary Receipts not Considered Contributions (Section K)	+

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II. FUNDRAISING EVENT ACTIVITY

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Fundraising Event Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? ☐ Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)

☐ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.)

☐ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? ☐ Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.)

☐ No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book associated with this fundraiser? ☐ Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.)

☐ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state? ☐ Yes (If yes, enter Total Receipts from small purchases here.) \$

☐ No

Fundraising Event Date of Fundraiser	Letter	Description	Location: Street Address	City	State	Zip Code
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Subpart 1: (All Committees)

Was this fundraising event hosted at a personal residence? ☐ Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information for purchases made by host(s) for food, beverage and invitations.)

☐ No

Did this fundraiser include items donated by a business entity of up to \$100 or items donated by an individual of up to \$50? ☐ Yes (If yes, go to Section L4 In-kind Donations not Considered Contributions and complete required information.)

☐ No

Was this fundraiser a tag sale, auction, or other sale of donated items with purchases from an individual of up to \$50? ☐ Yes (If yes, go to Section L2 Proceeds from Tag Sale, Auction, or Other Sale of Donated Items.)

☐ No

Subpart 2: (Town Committees and Municipal Candidate Committees ONLY)

Were there purchases of advertising space in a program book associated with this fundraiser? ☐ Yes (If yes, go to Section L3 Purchases of Advertising Space in a Program Book and complete required information.)

☐ No

Subpart 3: (Town Committees ONLY)

Did your committee sell food or beverage at a fair or similar mass gathering held within the state? ☐ Yes (If yes, enter Total Receipts from small purchases here.) \$

☐ No

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IL FUNDRAISING EVENT ACTIVITY

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Last Name		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
Last Name		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit Card			Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
Last Name		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
Last Name		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
Last Name		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
Last Name		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							
Last Name		First	MI	Method of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Personal Check <input type="checkbox"/> Credit/Debit			Aggregate Amount of Purchases
Residential Street Address		City	State	Zip Code	Date Received	Event #	
Items Purchased							

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II. FUNDRAISING EVENT ACTIVITY

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Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		
Name of Purchaser				Business Entity	Date Received	Aggregate Purchases for All Events	Amount of Purchase
Street Address	City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No	Event #		

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II. FUNDRAISING EVENT ACTIVITY

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Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation				Date Received	Event #
Name of Donor				Donation given by: <input type="checkbox"/> Individual <input type="checkbox"/> Business Entity	Fair Market Value of Donation
Street Address	City	State	Zip Code	Aggregate value for this event	
Description of donation				Date Received	Event #

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III. NONMONETARY RECEIPTS

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Name				Type of Contributor:		Fair Market Value of this Contribution
Street Address				<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		
City		State		Zip Code		

Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received	Is this contribution associated with a fundraising event listed in Section L1?			Description of In-Kind Contribution		Aggregate contributions
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				

Name				Type of Contributor:		Fair Market Value of this Contribution
Street Address				<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		
City		State		Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received	Is this contribution associated with a fundraising event listed in Section L1?			Description of In-Kind Contribution		Aggregate contributions
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				

Name				Type of Contributor:		Fair Market Value of this Contribution
Street Address				<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		
City		State		Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received	Is this contribution associated with a fundraising event listed in Section L1?			Description of In-Kind Contribution		Aggregate contributions
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				

Name				Type of Contributor:		Fair Market Value of this Contribution
Street Address				<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		
City		State		Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received	Is this contribution associated with a fundraising event listed in Section L1?			Description of In-Kind Contribution		Aggregate contributions
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				

Name				Type of Contributor:		Fair Market Value of this Contribution
Street Address				<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		
City		State		Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received	Is this contribution associated with a fundraising event listed in Section L1?			Description of In-Kind Contribution		Aggregate contributions
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				

Name				Type of Contributor:		Fair Market Value of this Contribution
Street Address				<input type="checkbox"/> Individual <input type="checkbox"/> Committee <input type="checkbox"/> Other (Applicable only to Referendum Committees)		
City		State		Zip Code		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If contribution is in excess of \$400 to a candidate committee for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received	Is this contribution associated with a fundraising event listed in Section L1?			Description of In-Kind Contribution		Aggregate contributions
		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Event #				

Last Name of Individual		First	MI	Date Deposit Made	Amount of Deposit
Residential Street Address		City	State	Zip Code	
Name of telephone company					
Street Address		City	State	Zip Code	

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III. NONMONETARY RECEIPTS

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Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	
City		State	Zip Code	Fair Market Value of Donation	
Description of Donation				Purpose of Expenditure (see instructions)	
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	
City		State	Zip Code	Fair Market Value of Donation	
Description of Donation				Purpose of Expenditure (see instructions)	
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	
City		State	Zip Code	Fair Market Value of Donation	
Description of Donation				Purpose of Expenditure (see instructions)	
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	
City		State	Zip Code	Fair Market Value of Donation	
Description of Donation				Purpose of Expenditure (see instructions)	
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	
City		State	Zip Code	Fair Market Value of Donation	
Description of Donation				Purpose of Expenditure (see instructions)	
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	
City		State	Zip Code	Fair Market Value of Donation	
Description of Donation				Purpose of Expenditure (see instructions)	
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

Name of Committee (Legislative Leadership, Legislative Caucus, and Party Committees ONLY)				Name of Treasurer	
Street Address				Date Notice Received	
City		State	Zip Code	Fair Market Value of Donation	
Description of Donation				Purpose of Expenditure (see instructions)	
				<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	

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IV. EXPENDITURES							
Section P. Additional Page							
NAME OF COMMITTEE: <u>Working Families Campaign Committee</u>						FILING DUE DATE: <u>10 Jan 11</u>	
P. Expenses Paid by Committee							
Name of Payee <u>Lindsay Farrell</u>				Date of Payment <u>26 Nov 10</u>		Method of Payment <input checked="" type="checkbox"/> Check # <u>1392</u> <input type="checkbox"/> Debit Card	
Street Address <u>50 Nash St.</u>		City <u>New Haven</u>		State <u>CT</u>		Zip Code <u>06511</u>	
Purpose of Expenditure (by code) <u>RCW</u>		Description				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Amount \$ <u>162.19</u>							
Name of Payee <u>CT Working Families Fed PAC</u>				Date of Payment <u>26 Nov 10</u>		Method of Payment <input checked="" type="checkbox"/> Check # <u>1393</u> <input type="checkbox"/> Debit Card	
Street Address <u>30 Arbor St.</u>		City <u>Hartford</u>		State <u>CT</u>		Zip Code <u>06106</u>	
Purpose of Expenditure (by code) <u>POC</u>		Description				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Amount \$ <u>735.99</u>							
Name of Payee <u>CT Working Families Fed PAC</u>				Date of Payment <u>26 Nov 10</u>		Method of Payment <input checked="" type="checkbox"/> Check # <u>1394</u> <input type="checkbox"/> Debit Card	
Street Address <u>30 Arbor St.</u>		City <u>Hartford</u>		State <u>CT</u>		Zip Code <u>06106</u>	
Purpose of Expenditure (by code) <u>POC</u>		Description				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Amount \$ <u>5,057.57</u>							
Name of Payee <u>CT Working Families Fed PAC</u>				Date of Payment <u>16 Dec 10</u>		Method of Payment <input checked="" type="checkbox"/> Check # <u>1395</u> <input type="checkbox"/> Debit Card	
Street Address <u>30 Arbor St.</u>		City <u>Hartford</u>		State <u>CT</u>		Zip Code <u>06106</u>	
Purpose of Expenditure (by code) <u>POC</u>		Description				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Amount \$ <u>4,556.85</u>							
Name of Payee <u>Mary Rydingsward</u>				Date of Payment <u>16 Dec 10</u>		Method of Payment <input checked="" type="checkbox"/> Check # <u>1396</u> <input type="checkbox"/> Debit Card	
Street Address <u>176 Marcia Dr</u>		City <u>Bristol</u>		State <u>CT</u>		Zip Code <u>06010</u>	
Purpose of Expenditure (by code) <u>CNSLT</u>		Description <u>Bookkeeping</u>				Event #	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see instructions)		Candidate(s) Name (if applicable)		Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Amount \$ <u>175.00</u>							
SUBTOTAL Section P-This Page						\$ <u>17,287.60</u>	

IV. EXPENDITURES

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Working Families Campaign Committee

Name of Payee
CT WFP Federal PACDate of Payment
1/9/11

Method of Payment

Street Address
30 Arbor St.City
HartfordState
CTZip Code
06106☒ Check # 1318
☐ Debit CardPurpose of Expenditure
(by code) POCDescription
Reimbursement for staff services/payroll

Event #

Amount

Type of Expenditure (if applicable):

- ☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 OA OB OC OD OE

Candidate(s) Name
(if applicable)

Office Sought

☐ Supported☐ Opposed

NA

\$3805.77

Name of Payee
Hartford CurrentDate of Payment
1/9/11

Method of Payment

Street Address
P.O. Box 40000 Day 215City
HartfordState
CTZip Code
06151☒ Check # 1412
☐ Debit CardPurpose of Expenditure
(by code) A-NewDescription
Public Notice

Event #

Amount

Type of Expenditure (if applicable):

- ☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 OA OB OC OD OE

Candidate(s) Name
(if applicable)

Office Sought

☐ Supported☐ Opposed

NA

\$31.27

Name of Payee
Peoples WorldDate of Payment
1/9/11

Method of Payment

Street Address
32 Howe St.City
New HavenState
CTZip Code
06511☒ Check # 1399
☐ Debit CardPurpose of Expenditure
(by code) A-OTHDescription
Adjustment in program book

Event #

Amount

Type of Expenditure (if applicable):

- ☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 OA OB OC OD OE

Candidate(s) Name
(if applicable)

Office Sought

☐ Supported☐ Opposed

NA

\$65.00

Name of Payee
Mary RidgewayDate of Payment
1/18/11

Method of Payment

Street Address
176 Main St.City
BristolState
CT

Zip Code

☒ Check # 1401
☐ Debit CardPurpose of Expenditure
(by code) C-NSLTDescription
Service (Bookkeeping/Treasurer)

Event #

Amount

Type of Expenditure (if applicable):

- ☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 OA OB OC OD OE

Candidate(s) Name
(if applicable)

Office Sought

☐ Supported☐ Opposed

NA

\$157.00

Name of Payee
Joe DankinDate of Payment
1/18/11

Method of Payment

Street Address
94 Dentista St.City
HartfordState
CTZip Code
06105☒ Check # 1400
☐ Debit CardPurpose of Expenditure
(by code) PCWDescription
reimbursement for website domain payment

Event #

Amount

Type of Expenditure (if applicable):

- ☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 OA OB OC OD OE

Candidate(s) Name
(if applicable)

Office Sought

☐ Supported☐ Opposed

NA

\$302.4

IV. EXPENDITURES
Section P. Additional Page

Name of Payee Jon Green		Date of Payment 2/5/11		Method of Payment <input checked="" type="checkbox"/> Check # 1103 <input type="checkbox"/> Debit Card	
Street Address 140 Rens St.		City HFD	State CT	Zip Code 06101	
Purpose of Expenditure (by code) RCW	Description Food for mtg. + Shipping	Event #		Amount \$109.12	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee 30 A-bor. St. LLC		Date of Payment 2/5/11		Method of Payment <input checked="" type="checkbox"/> Check # 1404 <input type="checkbox"/> Debit Card	
Street Address 1429 Park St. #205		City Hartford	State CT	Zip Code 06106	
Purpose of Expenditure (by code) OVHR	Description Post	Event #		Amount \$859.00	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee Hartford Courant		Date of Payment 2/5/11		Method of Payment <input checked="" type="checkbox"/> Check # 1402 <input type="checkbox"/> Debit Card	
Street Address P.O. Box 40000 Dept. 215		City Hartford	State CT	Zip Code 06151	
Purpose of Expenditure (by code) A-News	Description Public Notices	Event #		Amount \$45.09	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee CT Working Families Party Federal PAC		Date of Payment 2/17/11		Method of Payment <input checked="" type="checkbox"/> Check # 1405 <input type="checkbox"/> Debit Card	
Street Address 30 Arbor St.		City Hartford	State CT	Zip Code 06106	
Purpose of Expenditure (by code) PAC	Description Reimbursement for staff services/payroll	Event #		Amount \$252878	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	
Name of Payee CLASO		Date of Payment 2/17/11		Method of Payment <input checked="" type="checkbox"/> Check # 1405 <input type="checkbox"/> Debit Card	
Street Address 2-4 Meriden St.		City Bristol	State NY	Zip Code 11217	
Purpose of Expenditure (by code) WAGE	Description Payroll/Staff Services	Event #		Amount \$2,554.41	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA		Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

IV. EXPENDITURES
Section P. Additional Page

Committee Name _____

Name of Payee 30 Arbor St LLC		Date of Payment 3/11/11		Method of Payment <input checked="" type="checkbox"/> Check # 1437 <input type="checkbox"/> Debit Card	
Street Address 1429 Park St		City Hartford	State CT	Zip Code 06106	
Purpose of Expenditure (by code) OVERTD	Description Rent		Event #	Amount \$859.00	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Joe Green		Date of Payment 3/6/11		Method of Payment <input checked="" type="checkbox"/> Check # 1411 <input type="checkbox"/> Debit Card	
Street Address 140 Ross St		City Hartford	State CT	Zip Code 06106	
Purpose of Expenditure (by code) RCW	Description Shipping reimbursement		Event #	Amount \$75.02	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee CLASI		Date of Payment 3/11/11		Method of Payment <input checked="" type="checkbox"/> Check # 1400 <input type="checkbox"/> Debit Card	
Street Address 24 Newlin St		City Brooklyn	State NY	Zip Code 11217	
Purpose of Expenditure (by code) WAGE	Description Payroll/Staff Service		Event #	Amount \$1277.23	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee 30 Arbor St LLC		Date of Payment 3/12/11		Method of Payment <input checked="" type="checkbox"/> Check # 1409 <input type="checkbox"/> Debit Card	
Street Address 1429 Park St		City Hartford	State CT	Zip Code 06106	
Purpose of Expenditure (by code) OVERTD	Description Rent		Event #	Amount \$859.00	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Mary Rydelski		Date of Payment 3/16/11		Method of Payment <input checked="" type="checkbox"/> Check # 1415 <input type="checkbox"/> Debit Card	
Street Address 176 Maria Drive		City Bristol	State CT	Zip Code 06010	
Purpose of Expenditure (by code) CA.SLT	Description Bookkeeping/Treasurer Service		Event #	Amount \$153.25	
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

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IV. EXPENDITURES
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Name of Payee Bank of America	Date of Payment 1/21/11	Method of Payment NA
Street Address 550 Farmington Ave.	City Hfd	State CT Zip Code 06105

Purpose of Expenditure (by code) BANK	Description Bank Fee	Event #	Amount \$5.60
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Bank of America	Date of Payment 1/21/11	Method of Payment NA
Street Address 550 Farmington Ave.	City Hartford	State CT Zip Code 06103

Purpose of Expenditure (by code) BANK	Description Bank Fees	Event #	Amount \$15.10
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Click and Pledge	Date of Payment 1/21/11	Method of Payment NA
Street Address 2200 Kraft Tr.	City Blacksburg	State VA Zip Code 24060

Purpose of Expenditure (by code) BANK	Description Online Contribution SVC.	Event #	Amount \$15.09
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Click and Pledge	Date of Payment 1/21/11	Method of Payment NA
Street Address 2200 Kraft Tr.	City Blacksburg	State VA Zip Code 24060

Purpose of Expenditure (by code) BANK	Description Online Contribution SVC.	Event #	Amount \$76.09
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

Name of Payee Bank of America	Date of Payment 2/23/11	Method of Payment NA
Street Address 550 Farmington Ave.	City Hfd	State CT Zip Code 06105

Purpose of Expenditure (by code) BANK	Description Bank Fees	Event #	Amount \$5.60
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		Candidate(s) Name (if applicable) NA Office Sought <input type="checkbox"/> Supported <input type="checkbox"/> Opposed	

IV. EXPENDITURES
Section P. Additional Page

NAME OF CANDIDATE: _____

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Name of Payee Bank of America		Date of Payment 2/29/11		Method of Payment NA	
Street Address 550 Farmington Ave.		City Hartford		State CT Zip Code 06105	
Purpose of Expenditure (by code) BANK	Description Bank Fee	Event #		Amount	

Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE	Candidate(s) Name (if applicable) NA	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount \$15.00
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Name of Payee Bank of America		Date of Payment 3/31/11		Method of Payment	
Street Address 550 Farmington Ave.		City Hartford		State CT Zip Code 06105	
Purpose of Expenditure (by code) BANK	Description Bank Fee	Event #		Amount	

Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount \$5.00
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Name of Payee		Date of Payment		Method of Payment	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description	Event #		Amount	

Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount
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Name of Payee		Date of Payment		Method of Payment	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description	Event #		Amount	

Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount
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Name of Payee		Date of Payment		Method of Payment	
Street Address		City		State Zip Code	
Purpose of Expenditure (by code)	Description	Event #		Amount	

Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE	Candidate(s) Name (if applicable)	Office Sought	<input type="checkbox"/> Supported <input type="checkbox"/> Opposed	Amount
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Name of Issuing Institution

Type of Credit Card:

- ☐ Visa
 ☐ MasterCard
 ☐ Discover
 ☐ American Express
☐ Other _____

Name of Vendor

Date of Transaction

Amount

Street Address

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Event #

Name of Vendor

Date of Transaction

Amount

Street Address

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Event #

Name of Vendor

Date of Transaction

Amount

Street Address

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Event #

Name of Vendor

Date of Transaction

Amount

Street Address

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Event #

Name of Vendor

Date of Transaction

Amount

Street Address

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Event #

Name of Vendor

Date of Transaction

Amount

Street Address

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Event #

Name of Vendor

Date of Transaction

Amount

Street Address

City

State

Zip Code

Purpose of Expenditure
(by code)

Description

Event #

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Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City	State	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed			
Description						
Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City	State	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed			
Description						
Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City	State	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed			
Description						
Name of Creditor				Date Incurred		Amount Incurred (Estimate or Actual)
Street Address				Event #		
City	State	Zip Code	Candidate(s) Name (if applicable)		Office Sought	
Purpose of Expenditure (by code)	Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed			
Description						

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IV. EXPENDITURES

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Last Name of Worker/Consultant First MI Date of Payment Method of Payment

Secondary Payee Purpose of Expenditure (by code) ☐ Check # ☐ Debit Card

Street Address City State Zip Code Amount

Description

Type of Expenditure (if applicable):
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 OA OB OC OD OE
 Candidate(s) Name (if applicable) Office Sought ☐ Supported ☐ Opposed

Last Name of Worker/Consultant First MI Date of Payment Method of Payment

Secondary Payee Purpose of Expenditure (by code) ☐ Check # ☐ Debit Card

Street Address City State Zip Code Amount

Description

Type of Expenditure (if applicable):
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 OA OB OC OD OE
 Candidate(s) Name (if applicable) Office Sought ☐ Supported ☐ Opposed

Last Name of Worker/Consultant First MI Date of Payment Method of Payment

Secondary Payee Purpose of Expenditure (by code) ☐ Check # ☐ Debit Card

Street Address City State Zip Code Amount

Description

Type of Expenditure (if applicable):
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 OA OB OC OD OE
 Candidate(s) Name (if applicable) Office Sought ☐ Supported ☐ Opposed

Last Name of Worker/Consultant First MI Date of Payment Method of Payment

Secondary Payee Purpose of Expenditure (by code) ☐ Check # ☐ Debit Card

Street Address City State Zip Code Amount

Description

Type of Expenditure (if applicable):
☐ Coordinated with reimbursement sought
☐ Coordinated without reimbursement sought
☐ Independent
☐ Organization (see Instructions)
 OA OB OC OD OE
 Candidate(s) Name (if applicable) Office Sought ☐ Supported ☐ Opposed

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IV. EXPENDITURES **Section T. Additional Page**

Last Name of Worker/Consultant					First		MI		Date of Payment		Method of Payment		
Secondary Payee					Purpose of Expenditure (by code)		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card						
Street Address					City			State		Zip Code		Amount	
Description													
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE				Candidate(s) Name (if applicable)				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed			
Last Name of Worker/Consultant					First		MI		Date of Payment		Method of Payment		
Secondary Payee					Purpose of Expenditure (by code)		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card						
Street Address					City			State		Zip Code		Amount	
Description													
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE				Candidate(s) Name (if applicable)				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed			
Last Name of Worker/Consultant					First		MI		Date of Payment		Method of Payment		
Secondary Payee					Purpose of Expenditure (by code)		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card						
Street Address					City			State		Zip Code		Amount	
Description													
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE				Candidate(s) Name (if applicable)				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed			
Last Name of Worker/Consultant					First		MI		Date of Payment		Method of Payment		
Secondary Payee					Purpose of Expenditure (by code)		<input type="checkbox"/> Check # _____ <input type="checkbox"/> Debit Card						
Street Address					City			State		Zip Code		Amount	
Description													
Type of Expenditure (if applicable): <input type="checkbox"/> Coordinated with reimbursement sought <input type="checkbox"/> Coordinated without reimbursement sought <input type="checkbox"/> Independent <input type="checkbox"/> Organization (see Instructions) OA OB OC OD OE				Candidate(s) Name (if applicable)				Office Sought		<input type="checkbox"/> Supported <input type="checkbox"/> Opposed			

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Warning: The existence of a particular expenditure code does not mean that such expenditure is lawful. To determine lawfulness, treasurer must read the committee guide applicable to their type of committee.

Advertising: Each expenditure code beginning with "A-" is to be used to identify the delivery method for paid advertising, which includes advertising to solicit committee funds. Include the costs for both the development and the delivery of the message. A payment to a professional consultant to develop a message should be coded to the main advertising delivery method below, not as Professional Consultant (CONSULT), which is a code that should only be used when no other expenditure code applies. If a single advertising message is developed for several of the delivery mechanisms listed below, use A-OTH for the cost of developing the message and then use the appropriate code for the payments associated with the several delivery methods used. **Please Note:** The one exception to this advertising rule is when advertising content includes, as part of the message, an invitation to individuals to attend a fundraising event in return for a contribution or attendance fee. Fundraising Event advertising must be coded ENDR (see explanation below) irrespective of the advertising delivery method.

A-DM: expenditure to advertise through direct mail.

A-MAG: expenditure to advertise through a magazine.

A-NEWS: expenditure to advertise through a newspaper.

A-ATM: expenditure to advertise using an automated telephone/fax message, or an automated telemarketing message.

A-PH-BNK: expenditure for the use of phone banks, where people are speaking as distinguished from pre-recorded messages (*above*) and polls and surveys (*below*).

A-RAD: expenditure to advertise on radio.

A-BLN: expenditure for the cost of preparing, printing, producing or distributing lawn or billboard signs visible from any street or highway.

A-TV: expenditure to advertise on television.

A-WEB: expenditure to advertise on the World Wide Web. This includes webcasting (sending audio and/or video live over the Internet), or any other form of advertising on the web. See WEB for other web related expenditures.

A-OTH: any expenditure for any other advertising, not listed above, like the cost of (a) posters, stickers, streamers, banners, etc. for distribution on or in buildings or vehicles (i.e. cars, buses, boats, aircraft, etc.); (b) campaign paraphernalia, such as pins, hats, potholders, tee shirts and other campaign giveaway items; (c) audio messages and the cost of transmitting them by speakers from vehicles or buildings; (d) ad placed in ad books, in schools or civic organizations' pamphlets or bulletins; or (e) ad books for fundraising events held by other committees.

***ATT:** expenditure for attendance fee or entrance fee for any person to = (1) fundraiser held by any committee; (2) an inaugural event of any candidate; (3) a charitable event; (4) an educational course or training seminar, etc. In the text box of the Description Field, which is mandatory under this expenditure category, identify the name and address of the individual who is attending the event as well as the date and location of the event and the name of the sponsoring committee or entity sponsoring the event.

BNK: expenditure to record any payment of BANK fees, interest charges, or penalties assessed by the bank on the committee's checking account only. Similar fees assessed by a credit card company should be listed under credit card charges in Section R of the Form 20, entitled "Expenses Incurred on Committee Credit Card."

CCF: expenditure to record any payment of the Credit Card bill, including partial payments, finance charges, and mid-cycle payments. See Section R of the Form 20, entitled "Expenses Incurred on Committee Credit Card," to record actual charges made against the credit card account, including any finance charges.

CEF: expenditure to record any payment to the State of Connecticut's Citizens Election Fund (CEF). Checks should be made payable to the Citizens' Election Fund and sent to the State Elections Enforcement Commission, 20 Trinity Street, Hartford, CT 06106. This expenditure code does not apply to the surplus distribution (SRPLS) expenditure code explained below.

CHAR: expenditure for a payment of committee funds to a tax-exempt charitable organization [26 U.S. Code § 501(c)(3)].

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Ridgewood

Bristol CT 06010

U.S. POSTAGE
HARTFORD, CT
APR 01 11
PM 5:07



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08106

\$1.56
00076314-04

*SEEC
30 Trinity St.
Hartford CT*

Dec 10

